## 421000395722

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
alsi se
B. M

Office Use Only



000373092420

09/20/21--01022--015 \*\*25.00

7021 SEP 20 PH 3: 14

## **COVER LETTER**

	STUDIUM STRATEGIES .			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	REGAN JAGATNARAIN			
		Name of Person		
STUDIUM STRATEGIES				
	Firm/Company			
	9229 WOODHURST DRI	VE		
	Address			
	NAPLES, FL 34120			
	- 11 - 12 - 11 - 11 - 11 - 11 - 11 - 11	City/State and Zip Code		
	reg.a.jag@gmail.com			
	E-mail address: (	to be used for future annual report no	stification)	
For further information	concerning this matter, please c	all:		
REGAN JAGATNAR	AIN	315 560-6285		
Name	e of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2021 SEP 20 PM 3: 14

STUDIUM STRATEGIES LLC

(Name of the Limited Liability Company as it now appears on our records) All ASSET OF A STATE (A Florida Limited Liability Company)

(// 10/0	- Dimited Diagramy Company,		
The Articles of Organization for this Limited Liability C Florida document numberL21000395722	Company were filed on	09/07/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	ords, enter the na	ame of the new registe
Name of New Registered Agent:		<del></del>	<del></del>
New Registered Office Address:	Enter Florid	a street address	
		, Florida _	
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jonathan Jagatnarain	9229 WOODHURST DRIVE	■Add
		NAPLES, FL 34120	_
			□Change
			□Add
			□Remove
			Change
		□Add	
			🗆 Remove
			□ Change
			□Add
			□Remove
			DChange
			□Add
			Remove
			☐ Change
<del></del>			□Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et	ive date, if other than the date of filing: SCPTCM 13, 21 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them?'s effective date on the Department of State's records.
ord is fi	
Dated	September 12, 2021
	September 12, 2021  Playour 12, 2021  Signature of a member or authorized representative of a member
	Regan A. Jagatharain Typed or printed name of signee

Filing Fee: \$25.00